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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *yes, DSN*  
This appln claims benefit of 60/472,111 05/21/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *yes, DSN*  
CANADA 2,401,794 09/06/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 04/23/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 6	TOTAL CLAIMS 19	INDEPENDE CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>DSN</i> Examiner's Signature	Initials			

ADDRESS  
26111  
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TITLE  
Protective masking film

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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